

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**ARCHITECT**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**In addition to submitting a completed application, complete one of the following (A, B, or C):**

A. If you have a current NCARB Council Record:

1. Request NCARB to submit your current Council Record.
2. Submit a **\$110.00** non-refundable application-processing fee, payable to "DOPL."

B. If you do not have a NCARB Council Record, but are currently licensed in another state:

1. Submit official transcript(s) documenting graduation from a NAAB accredited architectural program.

**OR**

Submit a “Verification of Experience for Licensure as an Architect” form (*attached to this application*) documenting practice as a licensed principal in responsible charge for 5 of the last 7 years in a recognized jurisdiction.

2. Submit a “Request for Verification of License” form (*attached to this application*) documenting your passing scores on the ARE and current licensure as an architect from a recognized jurisdiction.
3. Submit a **\$110.00** non-refundable application-processing fee, payable to “DOPL.”

C. If you are applying for initial licensure in Utah and are not licensed in any other state:

1. Submit transcript(s) documenting graduation from a NAAB accredited architectural program.
2. Request NCARB to submit documentation of completing IDP and the ARE.
3. Submit a **\$110.00** non-refundable application-processing fee, payable to “DOPL.”

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Code of Ethics:** Architect licensees are required to abide by the Code of Ethics of NCARB: [www.ncarb.org/forms/roconduct.pdf](http://www.ncarb.org/forms/roconduct.pdf)
3. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
4. **NCARB Council Record - IDP Record:** To obtain a NCARB Council Record or IDP Record contact the NCARB Intern and Professional Service Department at (202) 879-0520 or visit the web site: [www.ncarb.org](http://www.ncarb.org)
5. **Foreign Educated Applicants – EESA Report:** Foreign educated applicants who do not have a NAAB accredited degree or do not have a NCARB Council Record may have their foreign education evaluated by EESA to determine your educational equivalency. Application forms for the “Comprehensive Evaluation” may be obtained from EESA by calling (202) 783-2007 or visit the web site: [www.naab.org](http://www.naab.org)

6. **Direct Registration – Initial Licensure:** If you are a Utah resident, register directly with NCARB to enroll in IDP and to take the ARE. Once you are enrolled in IDP, an applicant for licensure as an Architect may apply directly to NCARB to sit for any part of the ARE examination after having completed the education requirements. After completion of the IDP and the ARE, submit a license application to DOPL and request NCARB to submit documentation of completion of the IDP and passing the ARE to the State of Utah.

Contact the NCARB Intern and Professional Service Department at (202) 879-0502 or visit the web site: [www.ncarb.org](http://www.ncarb.org)

7. **License Renewal:** All architect licenses expire May 31 of every even-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

Please also note that a cashed check does not constitute issuance of a new or renewed license. Fee processing is simply the first step in the evaluation process.

8. **License Number:** For official records, correspondence and use of the seal, you may use the first 6 or 7 digits of the license number located on your "license".
9. **Seal Design:** The specifications for the seal are found in Rule, R156-3a-601.
10. **Continuing Education:** During each two year period ending on December 31 of each odd numbered year, a licensed architect is be required to complete not less than 16 hours of professional education directly related to the licensee's professional practice and in the subject areas of health, safety, welfare and ethical standards.
11. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

13. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
14. **Mail Complete Application to:**
- By U.S. Mail**  
Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741
- By Delivery or Express Mail**  
Division of Occupational & Professional Licensing  
160 East 300 South, 1st Floor Lobby  
Salt Lake City, Utah 84111
15. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
16. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

License Applying For: ARCHITECT

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

## EDUCATION REQUIREMENT:

Answer “yes” or “no.”

\_\_\_\_\_ I have a current NCARB Council Record.

If “yes,” date you requested NCARB submit the Council Record to the Utah Board: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ I completed an architectural education program accredited by NAAB.

\_\_\_\_\_ I completed an architectural education program in a foreign country.

If “yes,” have you contacted EESA for the “Comprehensive Evaluation”? \_\_\_\_\_

\_\_\_\_\_ I have practiced as a licensed principal for 5 of the last 7 years in a recognized jurisdiction, in lieu of having met the education requirements for licensure.

If “yes,” provide the following information:

Name of State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

## EXAMINATION REQUIREMENT:

Answer “yes” or “no.”

\_\_\_\_\_ I have a current NCARB Council Record.

\_\_\_\_\_ I passed the ARE in Utah.

\_\_\_\_\_ I passed the ARE in a state other than Utah.

If “yes,” provide the following information:

Name of State: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

# ARCHITECT QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
10. \_\_\_\_\_ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
11. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
12. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

(Continued on the next page.)

13. \_\_\_\_\_ Do you currently have any criminal action pending?
14. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**



# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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**(FOR TWO-SIDED PRINTING)**

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_-\_\_\_\_-\_\_\_\_

My date of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope and provide it to the applicant in person or by mail. The applicant will include the verification with his/her Utah application.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Continuously Licensed:

☐ Yes      ☐ No, please explain: \_\_\_\_\_

Please indicate which version of the architectural examination the applicant took and date passed:

☐ Examination Syllabus (*1954-1975*): \_\_\_\_\_

☐ Equivalency Examination (*June 1973 – June 1976*): \_\_\_\_\_

☐ Qualifying Test (*June 1977 - June 1982*): \_\_\_\_\_

☐ Professional Examination - (*Dec 1973- Dec 1978*): \_\_\_\_\_

☐ ARE (*1983 to present*): \_\_\_\_\_

If applicant did not pass one of the above named examinations, please indicate on what basis was the applicant licensed: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

☐ No      ☐ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

(SEAL)

Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741

## VERIFICATION OF ARCHITECT EXPERIENCE

**PART I:** To be completed by an applicant applying by endorsement (*practice as a principal in responsible charge for 5 of the last 7 years in order to waive the education requirements*):

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Name of Architectural Organization: \_\_\_\_\_

Architectural Organization's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates of Employment: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Average Hours Worked Each Week: \_\_\_\_\_ Total Number of Months Worked: \_\_\_\_\_

Indicate if you are an employee, self-employed, partner, or corporate officer:

\_\_\_\_\_

**On additional pages, state your title, list your specific job duties and responsibilities and list your projects and accomplishments documenting your licensed practice as a principal in responsible charge for 5 of the last 7 years.**

(Continued on the next page.)

**PART II: To be completed by the licensed architect who is verifying the applicant's architectural experience.**

Review the information provided by the applicant in PART I, complete the information requested in PART II, and submit the completed form in a sealed envelope to the applicant for submission with his/her license application.

1. Is the applicant's description of his/her experience correct? \_\_\_\_\_
2. Was the applicant a licensed principal in responsible charge of the design of the projects listed? \_\_\_\_\_
3. How do you rate the applicant's knowledge of architecture? \_\_\_\_\_
4. How do you rate the applicant's ability to practice architecture? \_\_\_\_\_
5. How do you rate the applicant's competence to practice architecture? \_\_\_\_\_
6. Would you recommend the applicant be licensed as an architect in the State of Utah?  
\_\_\_\_\_  
\_\_\_\_\_
7. What is the basis of your knowledge of the applicant's knowledge, ability, and competence to practice architecture?  
\_\_\_\_\_  
\_\_\_\_\_

Verifying Licensed Architect's Name: \_\_\_\_\_

Address of Verifying Architect: \_\_\_\_\_

Telephone: \_\_\_\_\_ License Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ License Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the information contained in this document is true, complete and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.

Signature of Licensed Architect

Verifying the Information: \_\_\_\_\_

(Seal Imprint of Stamp)

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: This form will not be accepted without the stamp/seal of the verifying architect and original signature and date of the verifying architect written across the face of the seal.**